

11696 U.S. PTO  
101603

**TAROLLI, SUNDHEIM, COVELL & TUMMINO L.L.P.**

1111 Leader Building  
526 Superior Avenue  
Cleveland, Ohio 44114

Phone (216)621-2234  
Facsimile (216)621-4072

**PATENT**

Attorney Docket No.: V15-6688

Mail Stop Patent Application  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

16834 U.S. PTO  
10/686846  
101603

**NEW APPLICATION TRANSMITTAL**

Transmitted herewith for filing is the patent application of Inventor(s):

**Esther A.L. Verbovsky**

For (title): **BEVERAGE BOTTLE CAP FOR CHILD USE**

**Enclosed are:**

**1. Papers Required for Filing Date Under 37 CFR 1.53(b):**

12 Pages of specification

01 Pages of Abstract

03 Pages of claims

03 Sheets of drawing

☒ formal

☐ informal

In addition to the above papers there is also attached: Information Disclosure Statement; Form PTO-1449

**CERTIFICATION UNDER 37 CFR 1.10**

I hereby certify that this New Application Transmittal and the documents referred to as enclosed therein are being deposited with the United States Postal Service on this date October 16, 2003 in an envelope as "Express Mail Post Office to Addressee" Mailing Label Number EU516996468US addressed to the : Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450

Lisa L. Pringle

(Type or print name of person mailing paper)

*Lisa L. Pringle*  
(Signature of person mailing paper)

**2. Declaration or oath:**

- ☒ Enclosed      ☐ Executed      ☐ Not executed  
☐ Will follow.

**3. Language:**

- ☒ English  
☐ Non-English  
☐ A verified English translation of the  
☐ specification and claims  
☐ declaration  
is attached.

**4. Assignment:**

- ☐ An assignment of the invention to \_\_\_\_\_  
☐ is attached.  
☐ will follow.

**5. Certified Copy:**

Certified copy(ies) of application(s)

_____ (Country)	_____ (appln. no.)	_____ (filed)
_____ (Country)	_____ (appln. no.)	_____ (filed)
_____ (Country)	_____ (appln. no.)	_____ (filed)

from which priority is claimed

- ☐ is attached  
☐ will follow

**6. Fee Calculation:**  
**(Small Entity filing fee is 50% normal fee)**

CLAIMS AS FILED			
Number Filed	Number Extra	Rate	Basic Fee \$385.00
Total Claims	10 - 20 = 0	X \$9.00	0
Independent Claims	1 - 3 = 0	X \$43.00	0
Multiple dependent claim(s), if any	+ 0		0

- ☐ Amendment canceling extra claims enclosed  
☐ Amendment deleting multiple dependencies enclosed  
☐ Fee for extra claims is not being paid at this time

Filing Fee Calculation \$385.00

**7. Small Entity Statement:**

- ☒ Verified Statement that this is a filing by a **small entity** under 37 CFR 1.9 and 1.27

**8. Fee Payment Being Made At This Time:**

- ☒ basic filing fee \$385.00  
☐ assignment recordal fee \$ \_\_\_\_\_  
☐ for processing an application with a specification in non-English language \$ \_\_\_\_\_

Total fees enclosed \$385.00


**9. Method of Payment of Fees:**

- ☒ check in the amount of \$385.00 enclosed.  
☒ The Commissioner is hereby authorized to charge any **DEFICIENCY** in the filing fees for this application to our Deposit Account No. 20-0090.

**10. Instruction As to Overpayment:**

- ☒ refund

TAROLLI, SUNDHEIM, COVELL  
 & TUMMINO L.L.P.  
 1111 LEADER BUILDING  
 526 SUPERIOR AVENUE  
 CLEVELAND, OHIO 44114-1400  
 Tel. No. (216)621-2234

  
 SIGNATURE OF ATTORNEY  
20,177  
 REG. NO.  
 Thomas L. Tarolli  
 Type or print name of attorney

Express Mail Label #EU516996468US

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